

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/01/2010

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000171355

INSTALLATION NAME:

GLENS FALLS MUNICIPAL LANDFILL AT LUZERNE ROAD

INSTALLATION ADDRESS:

LUZERNE RD PARCEL #309.10-1-8 309.06-2-78 - 309.06-2-77

QUEENSBURY, NY 12804

MAILING ADDRESS:

2 SHERMANTOWN RD **GLENS FALLS WWTP GLENS FALLS, NY 12801**

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: GLENS FALLS MUNICIPAL LANDFILL AT LUZERNE ROAD

or Current Occupant

ATTN: STEVE GURZLER

2 SHERMANTOWN RD **GLENS FALLS WWTP** GLENS FALLS, NY, 12801

F	Called 1/204 1/22/10 on last date spane to Ms Ronus she prinide additional pite address influence DMB# 2050-0024; Expires 11/30/2011 (Khy B) Operatura oronership dates also					
X	SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM				
	1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)				
	As a component of the Hazardous Waste Report (If marked, see sub-bullet below) □Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State LQG regulations)					
4	2. Site EPA ID Number	Name: Glens Falls Municipal Landfill at Luzurne Road				
M	3. Site Name					
HC	4. Site Location	Street Address: Luzurne Road Purcel #5 309.10-1-8, 3	09.06-2-78,309.06.2-7			
D	Information	City, Town, or Village: Town of Queensbury County: Warren				
4	\	State: New York Country: US	Zip Code: 12804			
7	5. Site Land Type	Private County District Federal Tribal Municipal State Other				
12	6. NAICS Code(s) for the Site	A. [5 6 2 2 1 2 C.				
ned	(at least 5-digit codes)	B D				
Z	7. Site Mailing	Street or P.O. Box: Glens Falls Wastewater Treatment Plant, 2 Shermant	town Road			
3	Address	City, Town, or Village: Glens Falls				
2		State: New York Country: US	Zip Code: 12801			
3	8. Site Contact	First Name: Steve MI: Last: Gurzler				
Renel	Person	Title: City Engineer				
5		own Road				
M		City, Town or Village: Glens Falls				
- 1		State: New York Country: US	Zip Code: 12801			
as more		Email: engineer@cityofglensfalls.com				
3		Phone: 518-761-3815 Ext.: 26	Fax: 518-761-3862			
8	9. Legal Owner and Operator	A. Name of Site's Legal Owner: City of Glens Falls	Date Became +/-1961			
_ I	of the Site	Owner Type: Private County District Federal Tribal	x Municipal ☐ State ☐ Other			
N Y		Street or P.O. Box: City Hall, 42 Ridge Street				
8		City, Town, or Village: Glens Falls Phone: 518-761-3815				
7		State: New York Country: US Zip Code: 12801				
Cilled 1 32/00		B. Name of Site's Operator: City of Glens Falls Date Became +/-1961 Operator:				
3		Operator Type: Private County District Federal Tribal				

Page 1 of 4

Other

☐ County ☐ District

☐ Federal

☐ Tribal

■ Municipal

Type of Regulated Waste Activity (at your site) Mark *Yes** or *No** for all <u>curront</u> activities (as of the date submitting the form); complete any additional boxes as instructed. A. Hazardous Waste Activities; Complete all parts 1-7. A. Hazardous Waste Activities; Complete all parts 1-8. A. Hazardous Waste Activities; Complete all parts 1-9. A. Hazardous Waste Number of Received Private Private, and the Activity of Private Private Private, and the Activities; Complete all parts 1-9. A. Hazardous Waste Number of Received Private Private, and the Activities; Complete all parts 1-9. A. Hazardous Waste Number of Received Private Private, and the Activities of Received Private Private, and Received Private, and Rec	EPA ID Numbe	er					OMB#: 2050-0024; Expires 11/30/2011	
Y N O O O O O O O O O O O O O O O O O O								
If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg/mo (2.20 bbs./mo) of more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 bbs./mo) of acute hazardous waste; or accumulates at any time, more than 1 kg/mo (2.2 bbs./mo) of acute hazardous waste; or accumulates at any time, more than 10 kg/mo (2.20 bbs./mo) of acute hazardous waste; or accumulates at any time, more than 10 kg/mo (2.20 bbs./mo) of acute hazardous spill cleanup material. b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste. c. CESQG: Less than 100 kg/mo (220 bbs./mo) of non-acute hazardous waste. if "Yes" above, indicate other generator activities. if "Yes", mark all that apply. d. Short-Term Generator (generate from a short-term or one-time event and not from on-goling processes). If "Yes", provide an explanation in the Comments section. y	A. Hazardous	Was	te Activitie	es; Complete all parts 1-7				
acute hazardous waste. C. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. If "Yes" above, indicate other generator activities. Y N O O D. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. Y N O O D. Mixed Waste (hazardous Waste O D. Smelting, Melting, and Refining Furnace Exemption Furnace Exemption B. Universal Waste Activities; Complete all parts 1-2. Y N O D D. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply. a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) g. Other (specify) T. Other (specify) D. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity. A Marketer Who Directs Shipment of Off-Specification Used Oil Burner b. Marketer Who Directs Shipment of Off-Specification Used Oil Burner b. Marketer Who Directs Shipment of Off-Specification Used Oil Burner c. Marketer Who Directs Shipment of Off-Specification Used Oil Burner D. Marketer Who Directs Shipment of Off-Specification Used Oil Burner A Marketer Who Directs Shipment of Off-Specification Used Oil Burner D. Marketer Who Directs Shipment of Off-Specification Used Oil Burner D. Marketer Who Directs Shipment of Off-Specification Used Oil Burner D. Marketer Who Directs Shipment of Off-Specification Used Oil Burner D. Marketer Who Directs Shipment of Off-Specification Used Oil Burner D. Marketer Who Directs Shipment of Off-Specification Used Oil Burner D. Marketer Who Directs Shipment of Off-Specification Used Oil Burner D. Marketer Who First Claims the Used		lf	Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup		Y 🔲 N 🗷	If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) 3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.		
C. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. If "Yes" above, indicate other generator activities. Y								
Furnace Exemption Salot-reim Generator (generator upon a short-term or one- time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. Y				Less than 100 kg/mo (220 hazardous waste.		Y□N⊠	If "Yes", mark all that apply. a. Small Quantity On-site Burner	
F. Mixed Waste (hazardous and radioactive) Generator Y N 7. Receives Hazardous Waste from Off-site B. Universal Waste Activities; Complete all parts 1-2. Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply. a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) The standard of the state of the second of	Y 🗷 N 🗖	d.	time even	t and not from on-going pro	cesses). If "Yes",			
B. Universal Waste Activities; Complete all parts 1-2. Y	Y□N 🗷	e.	United Sta	ates Importer of Hazardous	Waste	Y 🗆 N 🗷	6. Underground Injection Control	
Y □ N □ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply. a. Batteries □ □ b. Pesticides □ c. Mercury containing equipment □ d. Lamps □ □ d. Lamps □ □ d. Lamps □ □ d. Cother (specify) □ □ d. Other (specify) □ d. Other (specification Used Oil Burner of Specification Used Oil to Off-Specification Used Oil Burner used Oil Burner of Specification Used Oil Burner of Specification Used Oil Burner used Oil Burner used Oil Burner of Specification Used Oil Burner used Oil Bu	Y N 🗷	f.	Mixed Wa	ste (hazardous and radioad	ctive) Generator	Y 🗆 N 🗷	7. Receives Hazardous Waste from Off-site	
accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply. a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) g. Other (specify) g. Other (specify) The specification Facility for Universal Waste Note: A hazardous waste permit may be required for this activity. If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used	B. Universal V	3. Universal Waste Activities; Complete all parts 1-2.			C. Used Oil Activities; Complete all parts 1-4.			
b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Y N 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity. N 2			Large Qu accumula regulation types of u	accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes",			1. Used Oil Transporter If "Yes", mark all that apply.a. Transporter	
	Y 🗖 N 🖸	2.	b. Pesticie c. Mercur d. Lamps e. Other (f. Other (g. Other (Destination of the context)	des y containing equipment (specify) (specify) (specify) on Facility for Universal V	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Y 🔲 N 🗷	If "Yes", mark all that apply. a. Processor b. Re-refiner 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer If "Yes", mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off- Specification Used Oil Burner b. Marketer Who First Claims the Used	

EP	A ID Number				OME	3#: 2050-0024; Ex	pires 11/30/2011
D.	. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K						
	You <u>must</u> check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K						
С			ng under 40 CFR Par ions for definitions				boratories
	☐a. Colle	ege or University					
	☐b. Tead	ching Hospital that is	owned by or has a fo	ormal written affiliation	n agreement with a c	ollege or university	
_	_		owned by or has a fo		_		
L	2. Withdrawii	ng from 40 CFR Part	262 Subpart K for the	e management of ha	zardous wastes in lat	ooratories	
11.	Description of	of Hazardous Waste					
Α.	A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
	D008	D040	F002	F003			
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.							
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EPA ID Number		OMB#: 2050-0024; Expires 11/30/2011			
12. Notification of Hazardous Secondary Material (HSM) Activity					
secondary material under 40 CFR 26	42 that you will begin managing, are managing 31.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25) um to the Site Identification Form: Notification)?			
13. Comments	Management of the second of th				
The generation of hazardous waste is a	a one time event during the closure	and capping of the Glens Falls			
Municipal Landfill at Luzurne Road, an	inactive hazardous waste site land	fill.			
The state of the s	7/34/01				
	10.8740				
4. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).					
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)			
She and	Steve Gurzler, P.E., City Engineer	01/14/2010			
0					

C.T. MALE ASSOCIATES, P.C.

50 Century Hill Drive, Latham, NY 12110 518.786.7400 FAX 518.786.7299 ctmale@ctmale.com



January 19, 2010

SUBMITTED VIA FEDERAL EXPRESS

U.S. Environmental Protection Agency – Region 2 DEPP-RPB 290 Broadway, 22nd Floor New York, New York 10007-1866

Re:

EPA Hazardous Waste Identification Number Glens Falls Municipal Landfill at Luzerne Road C.T. Male Project No.: 05.5824

To Whom It May Concern:

On behalf of the City of Glens Falls, C.T. Male Associates, P.C. (C.T. Male) is submitting the enclosed EPA Form 8700-12 relative to initial notification of hazardous waste activity at the above referenced site, and in order to obtain a EPA Identification Number for such activities. The facility is located on Luzurne Road in the Town of Queensbury, Warren County, New York. The City of Glens Falls is the facility's owner and operator, and the point of contact for the City of Glens Falls is Steve Gurzler, City Engineer. Mr. Gurzler can be reached in his office at the City's Wastewater Treatment Plant at (518) 761-3815, extension 26.

If you have any questions or need additional information, please contact Liz Rovers of C.T. Male at (518) 786-7492.

Sincerely,

C.T. MALE ASSOCIATES, P.C.

isabeth W. Rovers

Elizabeth W. Rovers, P.E.

Managing Engineer

Enclosure

c: Steve Gurzler, P.E., City Engineer, City of Glens Falls, w/enc.

Heide-Marie Dudek, P.E., NYSDEC, w/enc.

Bob Curtis, City Clerk, City of Glens Falls, w/enc.

New York State Department of Environmental Conservation, w/enc.

DSHM, Hazardous Waste Manifest Section

625 Broadway, Floor 9

Albany, New York 12233-7252

1910 - 2010 years